

FILE COPY

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*ALSO ADMITTED IN FLORIDA

November 12, 2003

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 8464 WINTON RD.
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 10495 MONTGOMERY RD.
 CINCINNATI, OHIO 45242

Jamie M. Ramsey, Esq.
 Keating, Muething & Klekamp, PLL
 One E. Fourth Street, Suite 1400
 Cincinnati, OH 45202

Re: Melton, et al., vs.
 Board of County Commissioners of Hamilton County, Ohio, et al.
 U.S. District Court Southern District of Ohio, Western Division
 Case No: C-1-01-528
 Our File No: G-249-00

Dear Mr. Ramsey:

Enclosed are the HIPPA forms we recently received from Ms. Brenda Martin as you requested in connection with the above-referenced matter. We have requested Ms. Martin to forward the original forms to us at her earliest opportunity. We will forward them to you upon receipt. I am still waiting and pressing my clients for the additional information and documentation and will forward it immediately upon receipt as well.

If you have any questions, please contact me. I trust this missive shall satisfy you so a motion to compel need not be filed. Please contact us if otherwise.

Very truly yours,

Michael B. Ganson

MBG/mcp
 Enclosures
 D:\MELVA\249-00\Counsel\Ramsey 11-12-03.wpd

EXHIBIT**F**

LAW OFFICES

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October 7, 2003

Ms. Brenda Martin
303 Elmwood Street, #2
Cincinnati, OH 45219

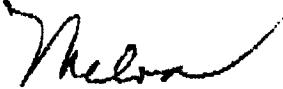
Re: Melton, et al., vs.
Board of County Commissioners of Hamilton County, Ohio, et al.
U.S. District Court Southern District of Ohio Western Division
Case No: C-01-528
Our File No: G-249-00

Dear Brenda:

As discussed, enclosed are the HIPAA Authorization Forms you requested to be sent to you again. Please sign, date, and return the enclosed forms to us for handling. Please make any corrections you deem necessary directly on the form.

If you have any questions, please contact us. We look forward to hearing from you. We will continue to keep you fully informed as developments occur. Please do likewise. Thank you for allowing us to be of service to you in this as well as the other matters I am handling on your behalf.

Very truly yours,



**Melva C. Pechiney, Legal Assistant to
Michael B. Ganson**

MCP/bmp
Enclosures
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HIPAA AUTHORIZATION FORM

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq., and regulations promulgated thereunder, as amended from time to time (collectively referred to as "HIPAA").

I authorize: Core Behavior ("Covered Entity")
-Stephanie Armstrong B. N. Devore
Brenda Martin

to disclose a copy of the specific health and medical information identified below for:

Brenda Martin (Name/Address of Patient)

303 Elm Street 2nd
Cinci, OH 4519

to: Jamie Ramsey
Keating, Muething & Klekamp, P.L.L.
1400 Provident Tower
One East Fourth Street
Cincinnati, OH 45202

for the following purposes: _____

By initialing the spaces below, I specifically authorize the use and disclosure of the following health information and medical records, if such information and record exists:

BM Please Send the Entire Medical Record (All Information) to the Above Named Recipient.

BM All Hospital Records (Including BM Transcribed Hospital Reports
Nursing Records And Progress Notes)

BM Transcribed Hospital Reports

BM Dental Records

BM Transcribed Hospital Reports BM Laboratory Reports

BM Most Recent Five Year History BM Pathology Reports

BM Emergency And Urgent Care Records BM Diagnostic Imaging Reports

BM Billing Statements

Other: _____

I understand that this authorization includes but is not limited to: (1) HIV/AIDS related information and records; (2) mental health information and records; (3)genetic testing information and records; and (4) drug or alcoholism related diagnosis, treatment or referral information.

You have the right to revoke this authorization, in writing, at any time, except to the extent that Covered Entity has taken action in reliance on it. A revocation is effective upon receipt by Covered Entity of a written request to revoke and a copy of the executed authorization form to be revoked at the address listed above.

This authorization shall expire upon the earlier occurrence of: (1) revocation of the authorization; (2) complete satisfaction of the purposes for which this authorization was originally obtained, or (3) ten years from the date this authorization was executed.

HIPAA AUTHORIZATION FORM

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq., and regulations promulgated thereunder, as amended from time to time (collectively referred to as "HIPAA").

I authorize: Central Clinic ("Covered Entity")
Bill Devore Stephanie Armstrong

Brenda Martin

to disclose a copy of the specific health and medical information identified below for:

Brenda Martin (Name/Address of Patient)

303 Elm Street 2nd
Cent, OH 4519

to: Jamie Ramsey
Keating, Muething & Klekamp, P.L.L.
1400 Provident Tower
One East Fourth Street
Cincinnati, OH 45202

for the following purposes: _____

By signing this authorization you acknowledge and agree that any information used or disclosed pursuant to this authorization could be at risk for redisclosure by the recipient and no longer protected under HIPAA.

Acknowledged and agreed to by:

PATIENT:

By Brenda Martin Date 10/22/03
Print Name Brenda Martin
Address: 303 E Moming Street 2nd
19004-0076
04-45319

or, ON BEHALF OF PATIENT

By _____ Date _____
Print Name _____
As _____
Address: _____

1124937.1

By initialing the spaces below, I specifically authorize the use and disclosure of the following health information and medical records, if such information and record exists:

BM Please Send the Entire Medical Record (All Information) to the Above Named Recipient.

BM All Hospital Records (Including Nursing Records And Progress Notes) BM Transcribed Hospital Reports

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BM Billing Statements BM Diagnostic Imaging Reports

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